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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

OR  Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	621P002c/p
First Named Inventor	Dennis M. Hilton
COMPLETE IF KNOWN	
Application Number	10 / 305,991
Filing Date	November 27, 2002
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FOAMED FIREPROOFING COMPOSITION AND METHOD**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number  and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2] 6

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below

Name Kevin S. Lemack

Address Nields & Lemack

Address 176 E. Main Street

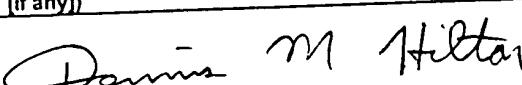
City Westboro	State MA	ZIP 01581
Country U.S.A.	Telephone (508) 898-1818	Fax (508) 898-2020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

NAME OF SOLE OR FIRST INVENTOR:

Given Name (first and middle [if any]) Dennis M.	Family Name or Surname Hilton
--	-------------------------------

Inventor's Signature 	Date 11/30/03
--	---------------

Residence: City Nashua	State NH	Country US	Citizenship US
------------------------	----------	------------	----------------

Mailing Address 4 Harvest Lane

Mailing Address

City Nashua	State NH	ZIP 03063	Country US
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any]) Michael D.	Family Name or Surname Morgan
---	-------------------------------

Inventor's Signature	Date
----------------------	------

Residence: City Billerica	State MA	Country US	Citizenship US
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Mailing Address 8 Judy Street

Mailing Address

City Billerica	State MA	ZIP 01821	Country US
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Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION — Utility or Design Patent Application

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Name Kevin S. Lemack

Address Nields &amp; Lemack

Address 176 E. Main Street

City	Westboro	State	MA	ZIP	01581
Country	U.S.A.	Telephone	(508) 898-1818		Fax (508) 898-2020

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NAME OF SOLE OR FIRST INVENTOR :	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Given Name (first and middle [if any])	Dennis M. T.	Family Name or Surname	Hilton
---	--------------	---------------------------	--------

Inventor's Signature	Date		
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Residence: City	Nashua	State	NH	Country	US	Citizenship	US
-----------------	--------	-------	----	---------	----	-------------	----

Mailing Address	4 Harvest Lane
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Mailing Address
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City	Nashua	State	NH	ZIP	03063	Country	US
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Given Name (first and middle [if any])	Michael D.	Family Name or Surname	Morgan
---	------------	---------------------------	--------

Inventor's Signature	<i>Michael D. Morgan</i>	Date	1/29/03
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Residence: City	Billerica	State	MA	Country	US	Citizenship	US
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Mailing Address	8 Judy Street
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Mailing Address
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City	Billerica	State	MA	ZIP	01821	Country	US
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Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Robert		Paul					
Inventor's Signature	<i>Robert N. Paul</i>						1/23/03 Date
Residence: City	Maynard	State	MA	Country	US	Citizenship	US
Post Office Address	13 Taft Avenue						
Post Office Address							
City	Maynard	State	MA	ZIP	01754	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Karl D.		Taub					
Inventor's Signature							Date
Residence: City	Boxboro	State	MA	Country	US	Citizenship	US
Post Office Address	447 Littlefield Road						
Post Office Address							
City	Boxboro	State	MA	ZIP	01719	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Robert S.		Young					
Inventor's Signature							Date
Residence: City	Greenville	State	SC	Country	US	Citizenship	US
Post Office Address	137 Montague Drive						
Post Office Address							
City	Greenville	State	SC	ZIP	29617	Country	US

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Inventor's Signature							Date
Residence: City	Maynard	State	MA	Country	US	Citizenship	US
Post Office Address	13 Taft Avenue						
Post Office Address							
City	Maynard	State	MA	ZIP	01754	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Karl D.		Taub					
Inventor's Signature	<i>Karl D. Taub</i>						<i>Jan 30, 2003</i> Date
Residence: City	Boxboro	State	MA	Country	US	Citizenship	US
Post Office Address	447 Littlefield Road						
Post Office Address							
City	Boxboro	State	MA	ZIP	01719	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Robert S.		Young					
Inventor's Signature	<i>Robert S. Young</i>						<i>1/30/03</i> Date
Residence: City	Greenville	State	SC	Country	US	Citizenship	US
Post Office Address	137 Montague Drive						
Post Office Address							
City	Greenville	State	SC	ZIP	29617	Country	US

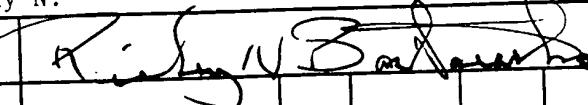
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Ricky N.		Bastarache				
Inventor's Signature					2/3/03	Date
Residence: City	Fitchburg	State	MA	Country	US	Citizenship
Post Office Address	263 St. Joseph Avenue					
Post Office Address						
City	Fitchburg	State	MA	ZIP	01420	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/305,991
Filing Date	November 27, 2002
First Named Inventor	Dennis M. Hilton
Group Art Unit	
Examiner Name	
Attorney Docket Number	621P002c/p

I hereby appoint:

Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack				
Address	Nields & Lemack				
Address	176 E. Main Street				
City	Westboro	State	MA	Zip	01581
Country	U.S.A.				
Telephone	(508) 898-1818	Fax	(508) 898-2020		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Dennis M. Hilton	Michael D. Morgan
Signature	<i>Dennis M. Hilton</i>	<i>Michael D. Morgan</i>
Date	11/30/03	2/25/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 3 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Name	Robert Paul	Karl D. Taub
Signature	<i>Robert M Paul</i>	
Date	1-23-03	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Address	Nields & Lemack				
Address	176 E. Main Street				
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Telephone	(508) 898-1818				
	Fax (508) 898-2020				

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Karl D. Taub

*Karl D. Taub*  
Dec 29, 2003

Name

Robert Paul

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of

3

forms are submitted.

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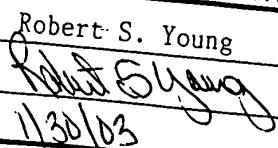
<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack			
Address	Nields & Lemack			
Address	176 E. Main Street			
City	Westboro	State	MA	Zip
Country	U.S.A.			01581
Telephone	(508) 898-1818	Fax	(508) 898-2020	

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name: Robert S. Young  
Signature:   
Date: 11/30/03

Ricky N. Bastarache

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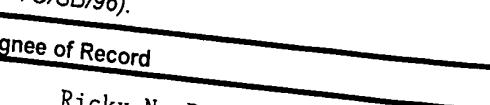
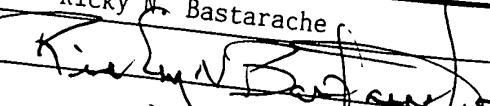
<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack			
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Signature:   
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